



DIVISION OF OCCUPATIONAL
AND PROFESSIONAL LICENSING

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**NOTICE OF AVAILABILITY FOR HEARING
AND TYPE OF HEALTH CARE PROVIDER PANELIST(S) REQUESTED**

Case Name: (Petitioner) _____
vs.
(Respondent) _____

Case No.: _____

Dates Available for Hearing (Must be at least 45 days after the filing of this Notice)

1st Choice _____ 2nd Choice _____

Confirmed With:

Attorney _____ For _____

Attorney _____ For _____

Attorney _____ For _____

Types of Health Care Provider Panelists Requested (Must be in accordance with §§78B-3-416(4)(b))

Name of Respondent _____ Specialty _____

Name of Respondent _____ Specialty _____

Name of Respondent _____ Specialty _____

I _____, Counsel for _____ or
Pro Se, being first duly sworn, declare under penalty of perjury that, except where contact has been waived, I have
contacted all parties or counsel for the parties in the above named matter and they have agreed to appear for a
prelitigation hearing on either of the two dates listed above and agree with the type of panelist(s) requested. **The dates
will be held available for five working days from the date this Notice is filed.**

Title: _____

Signature _____

Date _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____

NOTARY PUBLIC